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06-14-01

PTO/SB/05 (11/00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Only for new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No. 15528 US
First Inventor or Application Identifier Craig S. Matteson et al.
Title Method and Apparatus for Assigning Test and Assessment Instrument to Users
Express Mail Label No. EL 684695500 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
(See 37 CFR 1.27)
3. ☒ Specification [Total Pages 15]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 4 [Inf.]]
5. ☒ Oath or Declaration [Total Pages 2]
- a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
[Note Box 5 below]
- DELETION OF INVENTORS**
- i. ☐ Signed statement attached deleting inventor(s) named in the prior application, see CFR §§ 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & documents)
10. ☐ 37 CFR §3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable).
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certificate under 35 U.S.C. 122(b)(2)(B)(i).
Applicant must attach Form PTO/SB/35 or its equivalent
17. ☐ Other: _____


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No. _____ / _____
Prior application information: Examiner _____ Group/Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☒ Correspondence address below
Insert Customer No. or Attach bar code label here)

Name	William J. Clemens				
	MacMillan, Sobanski, & Todd, LLC				
Address	One Maritime Plaza, Fourth Floor				
	720 Water Street				
City	Toledo	State	Ohio	Zip Code	43604
Country	U.S.A.	Telephone	734/542-9577	Fax	734/542-9569
Name (print/type)	William J. Clemens			Registration No. (Attorney/Agent)	26,855
Signature				Date	June 13, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231
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Certificate of Mailing by Express Mail

"Express Mail" Mailing Label No. EL 684695500 US Date of Deposit June 13, 2001. I hereby certify that this paper or fee is being deposited in the United States "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Terri L. Fox

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FEE TRANSMITTAL

Patent fees are subject to annual revision.

Complete if known

TOTAL AMOUNT OF PAYMENT	(\$ 355)	Application Number	
		Filing Date	
		First Named Inventor	Craig S. Matteson et al.
		Examiner Name	
		Group/Art Unit	
		Attorney Docket No.	15528 US

METHOD OF PAYMENT (check one)

1. ☒ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Acct. No. 50-0567
 Deposit Acct. Name MacMillan, Sobanski, & Todd, LLC

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION**1. FILING FEE**

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
101	201	355	Utility filing fee	355
106	206	160	Design filing fee	
107	207	245	Plant filing fee	
108	208	355	Reissue filing fee	
114	214	75	Provisional filing fee	
SUBTOTAL (1)				\$ 355

2. CLAIMS

Total Claims	Extra	Below	Fee Paid
15 - 20** =	x 18/9 =		0
Independent Claims 3 3** =	x 80/40 =		0
Multiple Dependent		= 270/135	

**or # previously paid, if greater; for Reissues, see below

Large Entity Code	Fee (\$)	Small Entity Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				\$ 0

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
105	205	65	Surcharge - late filing fee or oath	
127	227	25	Surcharge - late provisional filing fee or cover sheet	
139	139	130	Non-English specification	
147	2,520	2,520	For filing a request for reexamination	
112	920*	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	1,840*	Requesting a publication of SIR after Examiner action	
115	110	55	Extension for reply within 1 st month	
116	390	195	Extension for reply within 2 nd month	
117	890	445	Extension for reply within 3 rd month	
118	1,390	695	Extension for reply within 4 th month	
128	1,890	945	Extension for reply within 5 th month	
119	310	155	Notice of Appeal	
120	310	155	Filing a brief in support of an appeal	
121	270	135	Request for oral hearing	
138	1,510	1,510	Petition to institute a public use proceeding	
140	110	55	Petition to revive - unavoidable	
141	1,240	620	Petition to revive - unintentional	
142	1,240	620	Utility issue fee (or reissue)	
143	440	220	Design issue fee	
144	600	300	Plant issue fee	
122	130	130	Petitions to the Commissioner	
123	50	50	Petitions related to provisional applications	
126	240	240	Submission of Information Disclosure Statement	
581	40	40	Recording each patent assignment per property (times number of properties)	
146	710	345	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	355	Request for Continued Examination	
169	900	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$ **0**

SUBMITTED BY

Typed or Printed Name William J. Clemens

Signature William J. Clemens

Date June 13, 2001

Complete (if applicable)

Reg. No. 26,855

Deposit Account User ID

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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